



WASHOE COUNTY

Integrity Communication Service
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STAFF REPORT

BOARD MEETING DATE: February 14, 2017

CM/ACM	_____
Finance	<u>VG</u>
DA	<u>LA</u>
Risk Mgt	<u>DE</u>
HR	~
Other	<u>GE</u>

DATE: January 25, 2017

TO: Board of County Commissioners

FROM: Amber Howell, Director, Social Services
785-8600 ahowell@washoecounty.us

THROUGH: Kevin Schiller, Assistant County Manager

SUBJECT: Accept a supplemental grant from Behavioral Health, Prevention and Treatment (BHPT) program funds from the State of Nevada Division of Public and Behavioral Health (DPBH) in the amount of [\$32,606.47; no County match required] retroactive to February 11, 2016 through June 30, 2017 to assist clients moving from transitional housing into more permanent housing; authorize the Department to execute the award; and, direct the Comptroller's Office to make the necessary budget amendments. (All Commission Districts)

SUMMARY

The Department recommends the Board of County Commissioners accept the supplemental grant from Behavioral Health, Prevention and Treatment (BHPT) program funds from the State of Nevada Division of Public and Behavioral Health (DPBH) to assist clients moving from transitional housing into more permanent housing.

The acceptance of this Amendment is retroactive as the Department received notice of supplemental grant award in late December, 2016.

County Priority/Goal supported by this item: Safe, Secure, and Health Communities.

PREVIOUS ACTION

On May 24, 2016, the Board of County Commissioners approved the Department's request to receive \$242,617.00 in federal funds, through BHPT, to assist clients moving from transitional housing into more permanent housing.

BACKGROUND

Substance Abuse and Mental Health Services Administration's (SAMHSA) Cooperative Agreements to Benefit Homeless Individuals (CABHI) programs are competitive grant programs, jointly funded by the SAMHSA Center for Mental Health Services (CMHS) and the SAMHSA Center for Substance Abuse Treatment (CSAT). The CABHI programs support state and local community efforts to provide behavioral health treatment and recovery-oriented services. These services are provided within a supportive housing approach for people with:

- Substance use disorders
- Serious mental illness
- Serious emotional disturbance
- Co-occurring mental and substance use disorders

CABHI's primary goal is to ensure that the most vulnerable people experiencing homelessness and chronic homelessness receive access to housing, treatment, and recovery support services. These people often include veterans, families, and youth. The objectives of this funding are to provide financial assistance to support projects for the development and implementation of prevention, treatment and rehabilitation activities directed to the diseases of alcohol and drug abuse.

GRANT AWARD SUMMARY

Project/Program Name: *Behavioral Health, Wellness and Planning*

Scope of the Project: *Support for expanding the Clarity Card system, a component of the homelessness centralized intake system; infrastructure improvements at Crossroads for the "Learn to Earn" program; and, contractual community case managers to provide treatment and recovery services.*

Benefit to Washoe County Residents: *Funding will expand services to chronically homeless individuals, assisting them with access to housing, substance abuse and mental health treatment, primary care and other needed services.*

On-Going Program Support: *Additional funding is being sought for future years to enable services to continue.*

Award Amount: \$242,617.00 *Original Award*
 \$ 32,606.47 *Supplemental Award*
 \$275,223.47

Grant Period: *February 11, 2016 through June 30, 2017*

Funding Source: *U.S. Department of Health and Human Services,
Substance Abuse and Mental Health Services Administration
(SAMHSA)*

Pass Through Entity: *State of Nevada Department of Health and Human Services,
Division of Public & Behavioral Health*

CFDA Number: *93.243*

Grant ID Number: *1H79SMO62445-01*

Match Amount and Type: *No matching funds required*

Sub-Awards and Contracts: *A Request for Proposals will be issued to select subcontractors to provide Community Case Managers to provide treatment and recovery services.*

FISCAL IMPACT

Should the board accept the supplemental grant award, the adopted FY17 adopted budget will need to be amended to increase both revenues and expenditures in the amount of \$32,606.47 in the following accounts:

Cost Object	G/L Account	Amount
IO 11306	431100 – Federal Revenue	\$32,606.47
IO 11306	710100 – Professional Services	\$32,606.47

RECOMMENDATION

Accept a supplemental grant from Behavioral Health, Prevention and Treatment (BHPT) program funds from the State of Nevada Division of Public and Behavioral Health (DPBH) in the amount of [\$32,606.47; no County match required] retroactive to February 11, 2016 through June 30, 2017 to assist clients moving from transitional housing into more permanent housing; authorize the Department to execute the award; and, direct the Comptroller's Office to make the necessary budget amendments.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to accept a supplemental grant from Behavioral Health, Prevention and Treatment (BHPT) program funds from the State of Nevada Division of Public and Behavioral Health (DPBH) in the amount of [\$32,606.47; no County match required] retroactive to February 11, 2016 through June 30, 2017 to assist clients moving from transitional housing into more permanent housing; authorize the Department to execute the award; and, direct the Comptroller's Office to make the necessary budget amendments."



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health

Original HD #: 15300
 Budget Account: 3170
 Category: 38
 GL: 8516
 Job Number: 9324316E

SUBGRANT AMENDMENT # 2

Program Name: Behavioral Health, Prevention & Treatment (BHPT) Division of Public and Behavioral Health	Subgrantee Name: Washoe County Social Services – Permanent Supportive Housing (PSH) Amber Howell, Director		
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: P. O. Box 11130 Reno, NV 89502-0027		
Subgrant Period: February 11, 2016 through June 30, 2017.	Amendment Effective Date: Upon approval by all parties		
This amendment reflects a change to: <input type="checkbox"/> Scope of Work <input type="checkbox"/> Term <input checked="" type="checkbox"/> Budget			
Reason for Amendment: <u>This amendment adds an additional \$32,606.47 to the contractual line item to cover the expense of the Community Case Manager through June 30, 2017.</u>			
Required Changes: Current Language: Total reimbursement will not exceed \$242,617.00. See Section C of the original subgrant. Amended Language: Total reimbursement will not exceed \$275,223.47. See Exhibit A, which adds to Section C of the original subgrant.			
Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$ 0.00	\$ 0.00	\$ 0.00
2. Travel	\$ 0.00	\$ 0.00	\$ 0.00
3. Operating	\$ 19,019.00	\$ 0.00	\$ 19,019.00
4. Equipment	\$ 0.00	\$ 0.00	\$ 0.00
5. Contractual/Consultant	\$ 223,598.00	\$ 32,606.47	\$ 256,204.47
6. Training	\$ 0.00	\$ 0.00	\$ 0.00
7. Other	\$ 0.00	\$ 0.00	\$ 0.00
Total	\$ 242,617.00	\$ 32,606.47	\$ 275,223.47
Incorporated Documents: Exhibit A: Amended Budget Exhibit B: Original Notice of Subgrant Award			

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Division of Public and Behavioral Health Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

Amber Howell Director	Signature	Date
Julia Peek, MHA Deputy Administrator, Community Services		12/12/16
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

EXHIBIT A

Amended Budget

Subgrantee agrees to adhere to the following amended budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$		
		\$	
2. Travel	\$		
		\$	
3. Operating	\$		
		\$	
4. Equipment	\$		
		\$	
5. Contractual Consultant	\$ 32,606.47		
		\$ 32,606.47	Contractor: Community Case Manager at \$5,833/month x 4.3 months x 30% fringe benefits = \$32,606.47
6. Training	\$		
		\$	
7. Other	\$		
		\$	
Total Cost	\$ 32,606.47		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION D

Request for Reimbursement

HD#: 15300
 Budget Account: 3170
 GL: 8516
 CAT: 38
 Job #: 9324316E
 Function Code: 0810
 Draw #: _____

Program Name: Behavioral Health, Wellness & Planning (BHPT) Division of Public and Behavioral Health	Subgrantee Name: Washoe County Social Services - Permanent Supportive Housing (PSH)
Address: 4126 Technology Way, Suite 200 Reno City, NV 89706-2009	Address: P.O.Box 11130 Reno, NV 89502 - 0027
Subgrant Period: February 11, 2016 through June 30, 2017	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400A</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

Month(s): _____ Calendar year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2 Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Operating	\$19,019.00	\$0.00	\$0.00	\$0.00	\$19,019.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$256,204.47	\$0.00	\$0.00	\$0.00	\$256,204.47	0.0%
6 Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$275,223.47	\$0.00	\$0.00	\$0.00	\$275,223.47	0.0%

This report is true and correct to the best of my knowledge

Authorized Signature _____ Title _____ Date _____

Reminder: Request for Reimbursement cannot be processed without an expenditure report/back-up. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____